
Children's Special Health Internal Policy/Statement Convulsive Disorders

Description

Several terms are applied to convulsive disorders:

- <u>Seizure</u> is the least specific and refers to a variety of paroxysmal events thought to represent abnormal electrical activity in cerebral neurons.
- <u>Convulsions</u> are seizures that include motor phenomena, either repetitive (clonic) or maintained (tonic) involuntary contractions of muscles, which may be generalized or confined to specific muscle groups.
- <u>Epilepsy</u> refers to recurrent seizures either of unknown etiology (idiopathic epilepsy) or due to congenital or acquired brain lesions (symptomatic, organ, or secondary epilepsies).

Diagnostic Criteria

- Recurrent nonfebrile seizures
- An Electroencephalographic (EEG) recording is the primary diagnostic tool
- Considered convulsive-free if off medications and seizure free for a 2 year period

CSH Coverage

- Only **providers** listed on the Eligibility Letter will be paid
- Labs/Tests must be performed by a Wyoming Medicaid provider
- Well Child Checks (coverage limited to Pediatrician) according to AAP Periodicity Schedule
- Medications
 - Most Anti-convulsive medication
- Equipment/Supplies
 - Vagus Nerve Stimulation (VNS), PRIOR authorization required

Contact CSH for questions regarding additional medications and/or equipment/supplies

Minimum Standards of Care/Care Coordination

Refer to Care Coordination Manual, Ch. 3, Pg. 8, Child and Family Assessment

- Perform Nursing Assessment with detailed focus on the following: (List disease specific assessments)
 - Family history of seizure activity
 - Assess seizure activity, any changes in seizures (i.e. aura, fear, anxiety, numbness or tingling in the fingers, any loss of conscience, how long, and any injuries)
 - Complete psychosocial assessment
 - Assess when last EEG was completed
 - Nutrition and eating patterns
 - Exercise and physical activity
 - Current medications/any side effects or reactions
 - Known food and/or drug allergies
 - Height and weight, plot on growth curve
- Encourage testing as recommended by the American Academy of Pediatrics (AAP)
- Instruct client and family the importance and need to take their medications at the same time everyday to maintain "personal therapeutic level", and not to abruptly discontinue anti-convulsion medication unless under close medical surveillance
- School performance and behavior
- Encourage family and child to live as "normal and active" life as possible

Contact CSH if family is Non-Compliant (i.e. repeated missed appointments, failure to follow healthcare plan)

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• **Referrals** that may be recommended (CSH prefers Pediatric Specialists, if possible)

Visits to Providers may be limited due to budget

- Neurologist
- Mental Health
- Link the child and family with appropriate and needed services

Specialists may or may not be covered by CSH Program

• Well Child Checks

- Immunizations (including vaccinations)
- Assess and follow-up any abnormal findings
- Dental
- Vision
- Hearing

• Emergency Preparedness Plan

- Medic Alert ID bracelet / necklace should be encouraged
- Medical Emergency Plan of what to do for the child's care when away from home or with a
 different caregiver (i.e. safety and protection from potential injury in the event of a seizure,
 monitor length of seizure)
- Discuss self-management of the disease
- Encourage the family to speak with the child's school in regards to the school's policy on Convulsive disorders and emergency plan (i.e. administering medication, who will provide medical attention during a seizure)

• Health Record

- Encourage family to maintain a record of the child's health information ("Packaging Wisdom" as a suggestion) that includes:
 - Medication administration
 - Type
 - Dosage/Frequency, any side effects or response to medication
 - Seizure activity
 - Changes in behavior prior to and after seizure
 - Length of time/Frequency
 - Loss of conscience
 - Injuries acquired
 - List of providers and contact information, if available

Transition

Refer to the Care Coordination Manual, Ch. 3, Pg. 10, Coordinating Care

- Discuss with the family if the child is eligible for an IFSP, IEP, or qualify for Section 504 according to the American Disability Act (ADA)
- Transitional issues to discuss with client and family:
 - Social Security Supplemental Income (SSI)
 - Social Security Disability Insurance (SSDI)
 - Legal issues such as:
 - Guardianship, Power of Attorney, Conservatory
- Vocational Rehabilitation
- Adult residential/community support services
- Long-term care

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